

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37CFR1.8)

PLEASE DELIVER TO EXAMINER TUAN T. DINHDocket No. END920000087US1 (IEN-10-5540)Applicant(s): Hall et al

Serial No.	Filing Date	Examiner	Group Art Unit
<u>09/811.101</u>	<u>March 16, 2001</u>	<u>Tuan T. Dinh</u>	<u>2827</u>

Invention: MULTI-LAYERED HIGH DENSITY CONNECTIONSI hereby certify that this **Notice of Appeal** and **Petition for Extension of Time** are being transmitted via facsimile to the United States Patent and Trademark OfficeFax. No. 703-872-9319 onMay 15, 2003
(Date)3
(No. of pages)

TO: Examiner Dinh

Attached are a Notice of Appeal and Petition for Extension of Time being filed in response to the final Office Action dated January 9, 2003 and the Advisory Action dated April 15, 2003.

The Notice of Appeal fee in the amount of three hundred twenty dollars (\$320.00) and the one month extension fee in the amount of one hundred ten dollars (\$110.00), or any other fees associated with this communication, should be charged to Deposit Account No. 09-0457.FROM: James A. Lucas
Phone - (440) 205 3600
Fax - (440) 205 3601
e-mail: jim@driggslaw.comCarole Giacomazzo
(Typed or Printed Name of Person Signing Certificate)Carole Giacomazzo
(Signature)

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
(Large Entity)**Docket No.
IEN-10-S540

In Re Application Of:

Hall et al

Serial No.
09/811,101Filing Date
March 16, 2001Examiner
Tuan T. DinhGroup Art Unit
2827

Invention:

MULTI-LAYERED HIGH DENSITY CONNECTIONSTO THE ASSISTANT COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of April 15, 2003 in above-identified application.

Date


The requested extension is as follows (check time period desired):

☒ One month ☐ Two months ☐ Three months ☐ Four months ☐ Five months

from: April 15, 2003*Date*until: May 15, 2003*Date*

The fee for the extension of time is \$110 and is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 09-0457.
A duplicate copy of this sheet is enclosed.
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 09-0457.
A duplicate copy of this sheet is enclosed.


*Signature*Dated: May 13, 2003

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